



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket No. 8733.494.20										
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><div style="display: flex; justify-content: space-between;"><div>In re Application of LEE, Yun-Bok</div></div><div style="display: flex; justify-content: space-between;"><div style="width: 60%;">Application Number 10/695,908</div><div style="width: 40%;">Filed October 30, 2003</div></div><div style="margin-top: 5px;">For: IN-PLANE SWITCHING MODE THIN FILM TRANSISTOR LIQUID CRYSTAL DISPLAY DEVICE WITH WIDE VIEWING ANGLE</div><div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 45%;">Art Unit 2871</div><div style="width: 50%;">Examiner Richard H. Kim</div></div></div>												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 40%; text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ 450.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. A duplicate copy of this sheet is enclosed.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 53,005</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><u>March 1, 2007</u> Date</div><div style="width: 50%; text-align: center;"><u>Valerie P. Hayes</u> Signature</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%; text-align: center;"><u>(202) 496-7500</u> Telephone Number</div><div style="width: 50%; text-align: center;"><u>Valerie P. Hayes</u> Typed or printed name</div></div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
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<p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</small></p>												
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Total of _____ forms are submitted.</div>												

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